

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN4952AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/19/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIMESTONESHIRE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7474 LIMESTONE DRIVE RENO, NV 89511</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of Bed Increase survey conducted in your facility on 3/19/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is currently licensed for a total of seven Residential Facility for Group beds: two Category 1 beds, five Category 2 beds. The facility is requesting licensure for two additional Residential Facility for Group Category 2 beds for elderly and disabled persons.  The following deficiencies were identified:.	Y 000		
Y 181 SS=G	449.209(8) Health and Sanitation-Temperature  NAC 449.209 8. The temperature of the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit.  This Regulation is not met as evidenced by: Based on observation and interview on 3/19/10, the facility failed to maintain the temperature between 68 and 72 degrees Fahrenheit for 2 of 7 residents (Resident #1 and #2.)	Y 181		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 181	<p>Continued From page 1</p> <p>Findings include:</p> <p>During the facility tour at 10:00 AM, the temperature in Bedroom #5 was measured at 58 degrees Fahrenheit on the thermometer attached to the wall. Resident #1 and #2 resided in this bedroom.</p> <p>During an interview with Resident #1, he revealed the bedroom was too cold for his comfort. Resident #2 was not interviewed due to his cognitive issues.</p> <p>The thermostat controlling the temperature in Bedroom #5 was turned off. The owner turned on the thermostat and the temperature of Bedroom #5 came into the required range within 20 minutes.</p> <p>Severity: 3 Scope: 1</p>	Y 181			

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